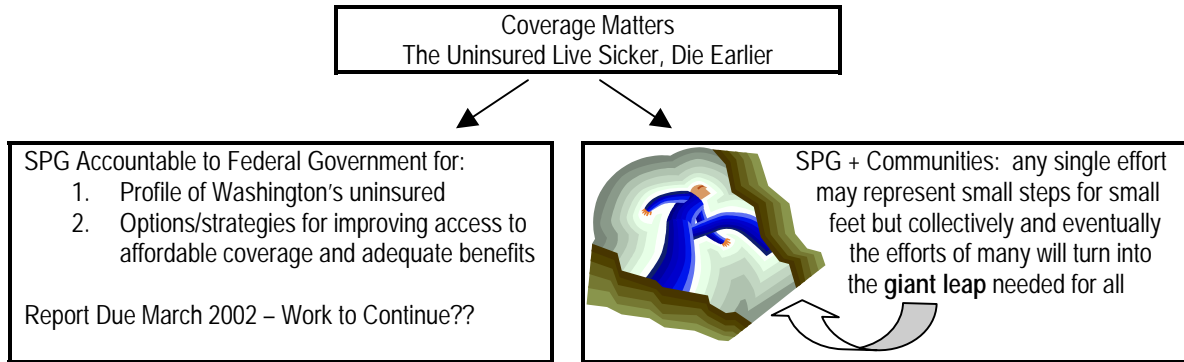


STATE PLANNING GRANT (SPG) ON ACCESS TO HEALTH INSURANCE  
2001 Washington Health Legislative Conference - December 4, 2001



Washington SPG research work =

- ❑ **Profiles** -- Detailed profiles of the uninsured population are being matched to detailed profiles of the current coverage and care pathways, including rigorous analysis of the gaps, overlaps and barriers.
- ❑ **Strategies** -- Analysis of the strengths and weaknesses of a universe of potential coverage and access options is being cross-walked to a similar analysis of strategies historically tried or in place in Washington (including, where appropriate and achievable, quantifiable impacts of strategies on specific uninsured and at-risk populations).
- ❑ **Linkages** -- Detailed assessment is being conducted of the links between identified gaps, overlaps, and barriers to coverage and care (in specific populations and circumstances) and the analysis of improvement strategies.
- ❑ **Individual Affordability** -- Significant energy is being devoted to understanding what individuals can afford to pay for coverage and care, compared to the reality of what's available to them. We consider this a "lynchpin" issue for crafting future coverage and access strategies.
- ❑ **System Affordability** -- Significant effort is also focused on administrative simplification strategies and partnerships, including options for reducing the currently complex array of insurance products (while still maintaining choice and variety). Creating a more affordable system via strategies that avoid unnecessary costs, reduce provider administrative burden, and set the stage for effective consumer-driven buying is directly relevant to improving access.
- ❑ **Community Partnerships** -- Building partnerships with community-based efforts and organizations addressing related issues is also a focus of our work. Mutual understanding of the issues faced, the solutions contemplated, and the flexibilities and accountabilities needed on all sides are part of this work.

**Status:** Deep into the data collection, analysis, and foundation-building phase of the work.

**Greatest challenges at this time:**

- Time: Not enough of it (requesting time extension beyond initial one year award)
- Relevance: Think to future without losing relevance to today
- Money: It is about money, priorities, and trade-offs. Or is it?

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**WHY THE FOCUS ON INSURANCE COVERAGE? COMPARED TO THE INSURED ...**

**The uninsured have reduced access to health care (process measure)**

- Less likely to have regular source of care
- Less likely to have had recent physician visit
- Less likely to use preventive services
- Less likely to receive follow-up care after hospital discharge
- More likely to delay seeking care
- More likely to report they have not received needed care
- More likely to use pharmacist than physician for medical triage

**The uninsured have poorer medical outcomes & lower quality of life (outcome measure)**

- Higher mortality in general and higher in-hospital mortality in particular (e.g., up to 3X more likely to die in-hospital)
- More likely to experience adverse health outcomes, e.g., more likely to be diagnosed with cancer at a late stage with lower survival rates (colon, melanoma, breast, prostate)
  - Women w/ breast cancer: 49% higher adjusted risk of death
  - Pregnant women: 31% higher likelihood of adverse hospital outcome
  - Chronic back pain: Much less likely (2.7X) to get back to work quickly
- More likely to require emergency hospital care and have avoidable hospitalizations, e.g., diabetes, hypertension, pneumonia, bleeding ulcers, asthma
- Less likely to undergo certain high cost or discretionary procedures, e.g. coronary bypass surgery, total hip replacement
- Women: more likely to be at higher risk of cardiovascular disease

**MYTHS ABOUT THE UNINSURED ARE WORTH SHATTERING**

- **Myth** – most uninsured are not working
- **Truth** – majority of uninsured are workers or their dependents
  
- **Myth** – young adults are uninsured by choice (young and immortal)
- **Truth** – when offered coverage, young adults are only slightly less likely than older workers to participate; 7 of 10 young adults regard health insurance as a very important factor when choosing a job
  
- **Myth** – getting children covered is sufficient for their obtaining care
- **Truth** – parents coverage is important to kids getting care -- kids whose parents are not covered are less likely to get the care they need --affects whether kids receive care at all and how much care
  
- **Myth** – uninsured get the care they need
- **Truth** – see above – Uninsured Live Sicker, Die Earlier

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